

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9350

State File No. ....

0492

BIRTH NO. .... REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (in this place) 40yr		d. STREET ADDRESS (If rural, give location) 903 W. 3rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			
3. NAME OF DECEASED (Type or Print) FRANK		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1950	
a. (First)		b. (Middle)	
c. (Last) STOKES			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1882
9. AGE (In years last birthday) 67	10. MONTHS 6	11. DAYS 17	12. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Stokes		13b. MOTHER'S MAIDEN NAME Emiline Kauffman	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Martin P. Stokes		ADDRESS Jefferson City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) Hypertension	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1949, to March 21, 1950, that I last saw the deceased alive on 3/21, 1950, and that death occurred at 3:45 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Grace Wright O.M.S.		23b. ADDRESS Webb City, Mo.	
23c. DATE SIGNED 3/22/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-23-50	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 3/22/50		REGISTRAR'S SIGNATURE St. Louis Hedger	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Hedge L. Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-27-50  
Jasper County Health Office  
County File Number 50-3-216  
Date Filed 3-31-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Leonard J. Lewis D.*

Licensed Embalmer No. 45-61

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.